

INDIVIDUAL
MEDICARE SUPPLEMENT COVERAGE

Sold in New Jersey
By

LINCOLN HERITAGE LIFE INSURANCE COMPANY

Telephone: 1-800-438-7180

PLAN INFORMATION				MEDICARE PART A HOSPITAL COSTS				MEDICARE PART A SKILLED NURS. FACILITY (SNF) COSTS			MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.)			OTHER				
				PLAN PAYS				PLAN PAYS			PLAN PAYS			PLAN PAYS				
PLAN	*	COMPANY MAY DENY COVERAGE FOR MEDICAL REASONS	*** PRE-EX. MEDICAL CONDITION WAITING PERIOD	\$876 DEDUCT. (2004)	\$219 COPAY FOR DAYS 61-90 (2004)	\$438 COPAY FOR DAYS 91-150 (2004)	100% AFTER DAY 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME	\$109.50 COPAY FOR DAYS 21-100 (2004)	AFTER 100 DAYS WHEN MEDICARE STOPS PAYING	COSTS IN A SNF NOT APPROVED BY MEDICARE	\$100 ANNUAL DEDUCT. (2004)	20% OF MEDICARE ALLOWED AMOUNT	COSTS THAT EXCEED ALLOWED AMOUNT	PARTS A & B BLOOD DEDUCTIBLE	FOREIGN TRAVEL EMERGENCY	AT-HOME RECOVERY	Rx DRUGS	PREVENTIVE MEDICAL CARE
A	F	91.51	Yes**	None	Yes	Yes	Yes					Yes		Yes				
	M	105.29																
B	F	118.98	Yes**	None	Yes	Yes	Yes					Yes		Yes				
	M	136.71																
C	F	142.59	Yes**	None	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
	M	164.00																
D	F	122.93	Yes**	None	Yes	Yes	Yes	Yes				Yes		Yes	Yes	Yes		
	M	141.30																
F	F	147.00	Yes**	None	Yes	Yes	Yes	Yes			Yes	Yes	100%	Yes	Yes			
	M	168.96																

F = FEMALE M = MALE

* ABOVE PREMIUMS DO NOT INCLUDE A ONE-TIME \$20 POLICY FEE.

** SOME APPLICANTS MAY NOT BE ABLE TO PURCHASE THIS PLAN AFTER THE OPEN-ENROLLMENT PERIOD. (See Guide to Health Insurance for People with Medicare.)

*** PRE-EXISTING MEDICAL CONDITION WAITING PERIOD MAY NOT APPLY (See Guide to Health Insurance for People with Medicare).